## Edgar Filing: WILSON MARK F - Form 4

| Form 4                                                                              |                                                                                   |                                                                     |                                                      |                                                               |                                                                               |            |                                                                                                         |                                                           |                                                                              |  |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------|--|
| November 03                                                                         | <b>Л</b>                                                                          | STATES SE                                                           | CURITIES A                                           | ND FYC                                                        | HAN                                                                           | CF C       | OMMISSION                                                                                               |                                                           | PROVAL                                                                       |  |
|                                                                                     | <b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b><br>Washington, D.C. 20549 |                                                                     |                                                      |                                                               |                                                                               |            | 01411411551014                                                                                          | OMB<br>Number:                                            | 3235-0287                                                                    |  |
| Check thi<br>if no long<br>subject to<br>Section 10<br>Form 4 or                    | er <b>STATEN</b><br>6.                                                            | ox<br>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES |                                                      |                                                               |                                                                               |            |                                                                                                         |                                                           | Expires:January 31<br>200Estimated average<br>burden hours per<br>response0. |  |
| Form 5<br>obligation<br>may conti<br><i>See</i> Instru<br>1(b).<br>(Print or Type R | nue. Section 17(a                                                                 | a) of the Publ                                                      | ion 16(a) of th<br>lic Utility Hold<br>he Investment | ding Comp                                                     | oany A                                                                        | Act of     | 1935 or Section                                                                                         | 1                                                         |                                                                              |  |
| 1. Name and A<br>WILSON M                                                           | Issuer Name and<br>nbol<br>ARRIAGE SEI                                            |                                                                     | -                                                    |                                                               | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable) |            |                                                                                                         |                                                           |                                                                              |  |
| (Month/                                                                             |                                                                                   |                                                                     | Date of Earliest Tr<br>onth/Day/Year)<br>/02/2004    | -                                                             |                                                                               |            | Director 10% Owner<br>Officer (give title Other (specify<br>below) below)                               |                                                           |                                                                              |  |
|                                                                                     |                                                                                   |                                                                     | f Amendment, Da<br>ed(Month/Day/Year                 | ndment, Date Original<br>hth/Day/Year)                        |                                                                               |            | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person |                                                           |                                                                              |  |
| MARTINEZ                                                                            | Z, CA 94553                                                                       |                                                                     |                                                      |                                                               |                                                                               |            | Form filed by M<br>Person                                                                               |                                                           |                                                                              |  |
| (City)                                                                              | (State)                                                                           | (Zip)                                                               | Table I - Non-I                                      | Derivative Se                                                 | ecuriti                                                                       | es Acqu    | uired, Disposed of,                                                                                     | or Beneficial                                             | y Owned                                                                      |  |
| 1.Title of<br>Security<br>(Instr. 3)                                                | 2. Transaction Date<br>(Month/Day/Year)                                           | 2A. Deemed<br>Execution Dat<br>any<br>(Month/Day/Y                  | Code                                                 | Transaction(A) or Disposed of (D)<br>Code (Instr. 3, 4 and 5) |                                                                               |            | Securities<br>Beneficially<br>Owned<br>Following                                                        | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)            |  |
|                                                                                     |                                                                                   |                                                                     | Code V                                               | Amount                                                        | (A)<br>or<br>(D)                                                              | Price      | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                                                          | (Instr. 4)                                                |                                                                              |  |
| Common<br>Stock                                                                     | 11/02/2004                                                                        |                                                                     | S                                                    | 100,000                                                       | D                                                                             | \$<br>4.75 | 278,363                                                                                                 | D                                                         |                                                                              |  |
| Common<br>Stock                                                                     |                                                                                   |                                                                     |                                                      |                                                               |                                                                               |            | 63,258                                                                                                  | Ι                                                         | various                                                                      |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>ofNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Secur | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owno<br>Follo<br>Repo<br>Trans<br>(Instr |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|-------|----------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|
|                                                     |                                                                       |                                         |                                                             | Code V                                 | (A) (D)                                                                                                                 | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |                                                     |                                                                            |

## **Reporting Owners**

| Reporting Owner Name / Addre                               | ess        | Relationships |         |       |  |  |  |  |
|------------------------------------------------------------|------------|---------------|---------|-------|--|--|--|--|
|                                                            | Director   | 10% Owner     | Officer | Other |  |  |  |  |
| WILSON MARK F<br>5354 STONEHURST DR.<br>MARTINEZ, CA 94553 | X          |               |         |       |  |  |  |  |
| Signatures                                                 |            |               |         |       |  |  |  |  |
| Mark F. Wilson                                             | 11/03/2004 |               |         |       |  |  |  |  |
| <u>**</u> Signature of<br>Reporting Person                 | Date       |               |         |       |  |  |  |  |

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.